



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS
MISSOURI WORKERS' SAFETY PROGRAM

P.O. Box 449
Jefferson City, MO 65102-0449
(573) 751-3403

APPLICATION FOR CERTIFICATION

Safety Consultant / Safety Engineer

Pursuant to RSMo 287.123 and 8 CSR 50-7.060, the following information is required in order to process an application for certification of Safety Engineers and Consultants. If applicant is found qualified for certification, the Missouri Workers' Safety Program will provide a letter which states the individual has met the qualification for inclusion on the Registry of Safety Engineers and Consultants. When applying for certification as a safety engineer, applicant must be licensed by the Missouri Board for Architects, Engineers, Surveyors and Landscape Architects.

PART I: PERSONAL INFORMATION

APPLICATION FOR: <input type="checkbox"/> Safety Engineer <input type="checkbox"/> Safety Consultant		DATE
NAME		PRESENT EMPLOYER
DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	TITLE OF POSITION
HOME ADDRESS (Street, City, State, Zip)		BUSINESS ADDRESS (Street, City, State, Zip)
HOME PHONE		BUSINESS PHONE
FAX	E-MAIL	

Do you prefer to receive correspondence at: ☐ Home ☐ Work

Have you been a defendant in a civil suit involving your professional activity or conduct? ☐ Yes ☐ No **If "Yes," you must provide a certified copy of the judgment. If the case is not final, you must provide a certified copy of the complaint and the clerk's docket sheet.**

Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a legal alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony during the 10 years proceeding this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Upon certification, your name will be placed on the Missouri Registry of Safety Professionals. The Registry is available upon request to any Missouri employer. Employers use the Registry as a resource when seeking consultation services. Do you wish to be identified as an available consultant/engineer? ☐ Yes ☐ No

If "Yes," please provide your area(s) of expertise:

PART II: PROFESSIONAL REGISTRATION OR CERTIFICATION

Please check each applicable item. Enclose a copy of current registration or certification. Information is subject to verification by the Missouri Workers' Safety Program.

<input type="checkbox"/> Registered Professional Engineer	REGISTRATION #	STATE
<input type="checkbox"/> Certified Safety Professional	CERTIFICATE #	ISSUED BY
<input type="checkbox"/> Certified Industrial Hygienist	CERTIFICATE #	ISSUED BY
<input type="checkbox"/> Certified Occupational Health Nurse	CERTIFICATE #	ISSUED BY
<input type="checkbox"/> Certified Occupational Health Physician	CERTIFICATE #	ISSUED BY

PART III: COLLEGE EDUCATION

The applicant is responsible for requesting and submitting an authenticated copy of their diploma/certificate OR transcript from each college or university. Transcripts must be received by the Missouri Workers' Safety Program directly from the college or university.

College/University	City and State	Dates Attended	Hours/Years Completed	Major	Degree Earned

☐ Check here if you are requesting an exemption from academic requirements.

PART IV: OCCUPATIONAL SAFETY AND HEALTH EXPERIENCE (Be sure this part of the application shows three current/consecutive years of safety related consultation/work experience - attach additional sheets as needed.)

Employers may be contacted to verify information provided. Please list each position in chronological order beginning with your present position. Account for all occupational safety and health experience in the last three years. Attach additional sheets if necessary.

EMPLOYER		ADDRESS	
DATE OF EMPLOYMENT to	TITLE	TYPE OF BUSINESS	
SUPERVISOR'S NAME		SUPERVISOR'S PHONE NUMBER	
EMPLOYER WEBSITE		SUPERVISOR'S E-MAIL ADDRESS	

DESCRIPTION OF EXPERIENCE**INDICATE THE PERCENTAGE OF TIME SPENT IN THE FOLLOWING AREAS** (Total shall not exceed 100%.)

Safety & Health Administration and Management

Safety & Health Training and Education

Accident Investigation and Statistical Reporting

Safety & Health Program Evaluation

Safety & Health Program Design

Hazard Identification

Hazard Elimination and Control

Environmental Protection

Other (describe) _____

For the three areas in which you spend the most time, please provide a brief description of your duties and give specific examples.

EMPLOYER		ADDRESS	
DATE OF EMPLOYMENT to	TITLE	TYPE OF BUSINESS	
SUPERVISOR'S NAME		SUPERVISOR'S PHONE NUMBER	
EMPLOYER WEBSITE		SUPERVISOR'S E-MAIL ADDRESS	

DESCRIPTION OF EXPERIENCE
**INDICATE THE PERCENTAGE OF TIME SPENT IN THE
FOLLOWING AREAS** *(Total shall not exceed 100%.)*

Safety & Health Administration and Management	_____
Safety & Health Training and Education	_____
Accident Investigation and Statistical Reporting	_____
Safety & Health Program Evaluation	_____
Safety & Health Program Design	_____
Hazard Identification	_____
Hazard Elimination and Control	_____
Environmental Protection	_____
Other (<i>describe</i>) _____	_____

For the three areas in which you spend the most time, please provide a brief description of your duties and give specific examples.

EMPLOYER		ADDRESS	
DATE OF EMPLOYMENT to	TITLE	TYPE OF BUSINESS	
SUPERVISOR'S NAME		SUPERVISOR'S PHONE NUMBER	
EMPLOYER WEBSITE		SUPERVISOR'S E-MAIL ADDRESS	

DESCRIPTION OF EXPERIENCE
INDICATE THE PERCENTAGE OF TIME SPENT IN THE FOLLOWING AREAS *(Total shall not exceed 100%.)*

Safety & Health Administration and Management	_____
Safety & Health Training and Education	_____
Accident Investigation and Statistical Reporting	_____
Safety & Health Program Evaluation	_____
Safety & Health Program Design	_____
Hazard Identification	_____
Hazard Elimination and Control	_____
Environmental Protection	_____
Other <i>(describe)</i> _____	_____

For the three areas in which you spend the most time, please provide a brief description of your duties and give specific examples.

I certify that the statements above, including any attachments submitted, are accurate to the best of my knowledge. I hereby authorize the Missouri Workers' Safety Program to verify any information submitted. I understand that any falsification of information in the application, or statements, may be cause for rejection or withdrawal of certification. I further agree to hold the Missouri Workers' Safety Program harmless from any and all liability in the event this application is rejected on the basis of information furnished to the Missouri Workers' Safety Program by me or third persons which would, in the judgment of the Missouri Workers' Safety Program, make me ineligible for certification.

SIGNATURE

DATE

Notary Seal

Notary Signature _____

SIGNATURE MUST BE NOTARIZED